

VACANT HOUSE CHECK FORM

***** Valid for no more than 30 days *****

Please print. Completed forms can be dropped of at the Topsfield Police Department 24 hours a day.

NAME: _____ ADDRESS: _____

HOME PHONE: _____

DATE LEAVING: _____ DATE RETURNING: _____

WHO SHOULD BE CALLED IN CASE OF EMERGENCY? _____

PHONE NUMBER _____

DESCRIPTION OF HOUSE: _____

WHO IS AUTHORIZED TO BE ON THE PROPERTY? PLEASE INCLUDE THEIR LICENSE PLATE NUMBER AND VEHICLE DESCRIPTION AND SCHEDULED TIME ON PROPERTY:

ARE YOU LEAVING ANY VEHICLES IN THE DRIVEWAY (PLEASE DESCRIBE)

ARE YOU LEAVING ANY VEHICLES IN THE GARAGE? (PLEASE DESCRIBE)

ARE LIGHTS ON OR ON TIMER? YES NO TIMER **ANY OUTSIDE LIGHTS?** YES NO

ARE YOU LEAVING ANY PETS HOME? IF SO, PLEASE NOTE TYPE OF PET AND WHERE THEY WILL BE LOCATED.

IS HOUSE ALARMED: YES NO **WHAT TYPE OF SYSTEM?** _____

ALARM COMPANY NAME AND PHONE NUMBER _____

By signing this form you are authorizing members of the Topsfield Police Department to be present on your property and enter your residence should an emergency be discovered.

To be completed by Police Department

YOUR SIGNATURE: _____

Date & Time received: _____ Disp: _____